
4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

- ~~B. home-based mental health services provided to a child who at the time of service provision has not been determined to be a child eligible for home-based mental health services except for the first 30 hours of home-based mental health services provided to a child who is later determined to meet the functional criteria.~~
- ~~C. more than 192 hours of individual, family, or group skills training within a six-month period, unless prior authorization is obtained.~~
- ~~D. more than a combined total of 48 hours within a six month period of individual psychotherapy and family psychotherapy and multiple-family group psychotherapy except in an emergency and prior authorization or after-the-fact prior authorization of the psychotherapy is obtained.~~
- ~~E. home-based mental health services that exceed 240 hours in any combination of the psychotherapies and individual, family, or group skills training within a six month period. Additional home-based mental health services beyond 240 hours are eligible for medical assistance with prior authorization.~~
- ~~F. psychotherapy provided by a person who is not a mental health professional.~~
- ~~G. individual, family, or group skills training provided by a person who is not qualified, at least, as a mental health practitioner and who does not maintain a consulting relationship whereby a mental health professional accepts full professional responsibility. However, medical assistance shall reimburse a mental health practitioner who maintains a consulting relationship with a mental health professional who accepts full professional responsibility and is present on site at least for one observation during the first twelve hours in which the mental health practitioner provides the individual, family, or group skills training to the child or the child's family.~~

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

~~Thereafter, the mental health professional is required to be present on-site for observation as clinically appropriate when the mental health practitioner is providing individual, family, or group skills training to the child and the child's family. The observation must be a minimum of one clinical unit. The on-site presence of the mental health professional must be documented in the child's record and signed by the mental health professional who accepts full professional responsibility.~~

~~H. home-based mental health services by more than one mental health professional or mental health practitioner simultaneously unless prior authorization is obtained.~~

~~I. home-based mental health services to a child or the child's family that duplicate health services funded under medical assistance mental health services, grants authorized according to the Minnesota Family Preservation Act, or the Minnesota Indian Family Preservation Act. However, if the mental health professional providing the child's home-based mental health services anticipates the child or the child's family will need outpatient psychotherapy services upon completion of the home-based mental health services, then one session of individual psychotherapy per month for the child, or one session of family psychotherapy per month for the child and the child's family, is eligible for medical assistance payment during the period the child is receiving home-based mental health~~

~~services. For purposes of the child's transition to outpatient psychotherapy, the child may receive two additional psychotherapy visits per six month episode of home-based mental health services if the mental health professional providing the home based mental health services requests and obtains prior authorization. Additional outpatient psychotherapy services provided concurrent with home-based mental health services in excess of these limits are eligible for medical assistance with prior authorization. In addition, up to 60 hours of day treatment services provided concurrently with home-based mental health services to a child are~~

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

~~eligible for medical assistance payment if the child is being phased into home-based mental health services, or if the child is being phased out of home-based mental health services and phased into day treatment services and home-based mental health services and day treatment services are identified with the goals of the child's individual treatment plan. Additional day treatment services provided concurrent with home-based mental health services in excess of these limits are eligible for medical assistance payment with prior authorization.~~

~~J. home-based mental health services provided to a child who is not living in the child's residence. However, up to 35 hours of home-based mental health services provided to a child who is residing in a hospital, group home, residential treatment facility, regional treatment center or other institutional group setting or who is participating in a partial hospitalization program are eligible for medical assistance payment if the services are provided under an individual treatment plan for the child developed by the provider working with the child's discharge planning team and if the services are needed to assure the child's smooth transition to living in the child's residence. Additional home-based mental health services provided concurrent with inpatient hospital services in excess of these limits are eligible for medical assistance with prior authorization.~~

~~2. Day treatment services for mental illness for children are limited to:~~

~~A. Services recommended by a psychiatrist, licensed psychologist, licensed independent clinical social worker, registered nurse with certification as a clinical nurse specialist in psychiatric and mental health nursing or a master's degree in nursing or one of the behavioral sciences or related fields, with at least 4,000 hours of post-master's supervised experience, licensed psychological practitioner, or licensed marriage and family therapist with at least two years of post-masters supervised experience;~~

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4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

~~B. Services supervised by an enrolled psychiatrist or other mental health professional listed in item 6.d.A.;~~

~~C. Services provided in one of the following settings:~~

- ~~1. Joint Commission on the Accreditation of Healthcare Organizations approved outpatient hospital;~~
- ~~2. Community Mental Health Center;~~
- ~~3. County contracted day treatment provider.~~

~~D. Services provided no fewer than one day per week and no more than five days per week;~~

~~E. Services provided for three hours of day treatment per day; and~~

~~F. No more than one individual or one family session per week when in day treatment.~~

~~G. Services that, when provided to the family, are directed exclusively to the treatment of the recipient.~~

~~Services in excess of these limits are eligible for medical assistance with prior authorization.~~

3. ~~Psychotherapy services for children. Psychotherapy services require prior authorization as specified in the State Register.~~

Services

Limitations

individual psychotherapy, 20 to 30 minutes	Individual psychotherapy and one half hour units of biofeedback training combined, re covered up to 26 hours per calendar year
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4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

<u>Services</u>	<u>Limitations</u>
individual psychotherapy, 40 to 50 minutes	Individual psychotherapy and one hour units of biofeedback training combined, are covered up to 20 hours per calendar year
family psychotherapy without patient present	up to 20 hours per calendar year when combined with family psychotherapy
family psychotherapy	up to 20 hours per calendar year when combined with family psychotherapy without patient present
family psychotherapy discretionary	up to six hours per calendar year
Psychotherapy services are not covered unless the services, when provided to the family, are directed exclusively to the treatment of the recipient.	

- ~~4. Family community support services for children are services provided by mental health professionals or mental health practitioners under the clinical supervision of a mental health professional, designed to help each child to function and remain with their family in the community. For purposes of item 4.b., a child eligible for family community support services means a child under age 18 who has been determined, using a diagnostic assessment, to be a child with severe emotional disturbance (or, if between ages 18 and 21, a person who has been determined to have a serious and persistent mental illness) who meets the functional criteria defined in Supplement 1 of this Attachment for purposes of targeted case management, or a child who meets one of the criteria listed on page 16a, items A-D for professional home-based mental health services.~~

~~The diagnostic assessment must have determined that the child meets the functional criteria outlined above and is in need of family community support services.~~

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

~~A facility of the Indian Health Service or a facility owned or operated by a tribe or tribal organization and funded by either Title I of the Indian Self-Determination and Education Assistance Act, P.L. 93-638, or Title V of the Indian Self-Determination and Education Assistance Act, P.L. 106-260 (formerly Title III of P.L. 93-638), operating as a 638 facility, is eligible to provide family community support services.~~

~~Additionally, an entity operated by or under contract to the county to provide family community support services is eligible to provide family community support services. Such entities include, but are not limited to:~~

~~A. outpatient hospitals,~~

~~B. community mental health centers, and~~

~~C. community mental health clinics.~~

~~A provider of family community support services must meet the qualifications in items A to F and, if applicable, item G, below:~~

~~A. the provider must be able to recruit mental health professionals and mental health practitioners, must have adequate administrative ability to ensure availability of services, and must ensure adequate pre-service and in-service training.~~

~~B. the provider must be skilled in the delivery of mental health services to children with severe emotional disturbance and must be capable of implementing services that address the needs identified in the child's treatment plan.~~

~~C. the mental health professional involved in a child's care must develop and sign the treatment plan and periodically review the necessity for treatment and the appropriateness of care.~~

~~D. The provider must provide, or assist the child or the child's family in arranging emergency services for the child and the child's family.~~

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

~~E. if the child has no assigned case manager or refuses case management services (and, if applicable, the county board has not done so), the provider must ensure coordination of the components of family community support services.~~

~~F. if applicable, and the county board has not done so, the provider must ensure that family community support services are given in a manner consistent with national core values for child adolescent services.~~

~~G. A county or an entity operated by or under contract to a county offering mental health behavioral aide services must:~~

~~1) recruit, train, and supervise mental health behavioral aides;~~

~~2) conduct a background study of each potential mental health behavioral aide; and~~

~~3) not employ a mental health behavioral aide applicant if the applicant does not qualify for licensure pursuant to Minnesota Statutes, section 245A.04, subdivision 3d.~~

~~A provider of family community support services must be capable of providing all of the components specified below. Item A is covered as a mental health service under items 2.a., 5.a., 6.d.A. and 9 of this Attachment.~~

~~A. diagnostic assessment;~~

~~B. individual, family, or group skills training that is designed to improve the basic functioning of the child and the child's family in the activities of daily and community living, and to improve the social functioning of the child and the child's family in areas important to the child's maintaining or reestablishing residency in the community. For purposes of this item, "community" means the child's residence, work, school, or peer group. The individual, family, and group skills training must consist of:~~

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

~~1. activities designed to promote skill development of both the child and the child's family in the use of age-appropriate daily living skills, interpersonal and family relationships, and leisure and recreational services;~~

~~2. activities that will assist the family to improve its understanding of normal child development and to use parenting skills that will help the child achieve the goals outlined in the child's individual treatment plan (and assistance in developing parenting skills necessary to address the needs of the child); and~~

~~3. assistance in developing independent living skills;~~

~~C. crisis assistance. Crisis assistance services focus on crisis identification and prevention. The services help the child, the child's family and all providers of services to the child to:~~

~~1. recognize factors precipitating a mental health crisis;~~

~~2. identify behaviors related to the crisis; and~~

~~3. be informed of available resources to resolve the crisis. Such assistance is designed to address abrupt or substantial changes in the functioning of the child or the child's family evidenced by a sudden change in behavior with negative consequences for well being, a loss of coping mechanisms, or the presentation of danger to self or others. Crisis assistance service components are:~~

~~a) crisis risk assessment;~~

~~b) screening for hospitalization; and~~

4.b. Early and periodic screening, diagnosis, and treatment services:
(continued)

~~c) referral and follow-up to suitable
community resources.~~

~~Crisis assistance services must be coordinated with
emergency services. Emergency services must be available 24
hours per day, seven days a week;~~

~~D. mental health crisis intervention and crisis
stabilization services. Mental health crisis
intervention and crisis stabilization services focus on
intensive, immediate, on-site short-term mental health
services by a mobile crisis response team to help a
child return to the child's baseline level of
functioning. A mobile crisis response team is
comprised of at least two mental health professionals
or at least one mental health professional and one
mental health practitioner under the clinical
supervision of the mental health professional. At
least one member of the team provides on-site
intervention and stabilization services.~~

~~Mental health crisis intervention and crisis stabilization
services components are:~~

~~1. a culturally appropriate assessment evaluating the
child's:~~

~~a) current life situation and sources of stress;~~

~~b) current mental health problems, strengths, and
vulnerabilities; and~~

~~c) current functioning and symptoms;~~

~~2. development of a written, short-term crisis
intervention plan within 72 hours of the first
intervention. The mobile crisis response team
must involve the child and the child's family in
developing and, if appropriate, implementing the
short-term mental health crisis intervention plan
under clauses a) or b), below:~~

4.b. Early and periodic screening, diagnosis, and treatment services:
(continued)

~~a) if the child shows positive change toward a baseline level of functioning or decrease in personal distress, the mobile crisis response team must document the medically necessary mental health services provided, that treatment goals are met, and that no further mental health services are required.~~

~~b) if the child is stabilized and requires less than eight hours of mental health crisis intervention services or a referral to less intensive mental health services, the mobile crisis response team must document the referral sources, the treatment goals, the medical necessity for mental health services, and the types of mental health services to be provided.~~

~~If the child and the child's family refuse to approve the short-term crisis intervention plan, the mobile crisis response team must note the refusal and the reason(s) for refusal, and~~

~~3. if more than eight hours of mental health crisis intervention services are needed, development of a written long-term intervention plan. The purpose of the long-term intervention plan is to identify strategies to reduce symptomatology of emotional disturbance or mental illness, coordinate linkage and referrals to community mental health resources, and prevent placement in a more restrictive setting such as foster care, an inpatient hospital, or a children's residential treatment facility.~~

~~Mental health crisis intervention and crisis stabilization services are limited to no more than 192 hours per calendar year. The services must be coordinated with emergency services and must be available 24 hours a day, seven days a week,~~

4.b. Early and periodic screening, diagnosis, and treatment services:
(continued)

E. ~~medically necessary mental health services provided by a mental health behavioral aide. Mental health behavioral aide services are designed to improve the functioning of the child in activities of daily and community living. The mental health behavioral aide services must implement goals in the child's individual treatment plan that allow the child to replace inappropriate skills with developmentally and therapeutically appropriate daily living skills, social skills, and leisure and recreational skills through targeted activities.~~

~~Mental health behavioral aide services are provided in the child's home, preschool, school, day care, and other community or recreational settings. Mental health behavioral aide services components are:~~

- ~~1. assisting the child as needed with skill development in dressing, eating, and toileting;~~
- ~~2. assisting, monitoring, and guiding the child to complete tasks, including facilitating the child's participation in medical appointments;~~
- ~~3. observing and intervening to redirect inappropriate behavior;~~
- ~~4. assisting the child in using age appropriate self-management skills as related to the child's emotional disorder or mental illness, including problem solving, decision making, communication, conflict resolution, anger management, social skills, and recreational skills;~~
- ~~5. implementing de-escalation techniques as recommended by the mental health professional;~~
- ~~6. providing other mental health services that the mental health professional has approved as being within the scope of the behavioral aide's duties; and~~